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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 30 AM 10:17

DOCUMENT # P93000057516 (5)

1. Corporation Name  
AXOLOTL INC.

Principal Place of Business Mailing Address  
1507 E 7TH AVE 1507 E 7TH AVE  
TAMPA FL 33605 TAMPA FL 33605  
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/16/1993 3a. Date of Last Report 03/10/1994  
4. FEI Number 59-3202803 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent  
SHOEMAKER, TODD  
608 MASTHEAD CT  
TAMPA FL 33602  
LAVINIA JAMES VAUGHN  
C/O Carlton, Fields et al  
One Harbour Place  
7th Floor  
Tampa, FL 33602

10. Name and Address of New Registered Agent  
81 Name Lavinia James Vaughn  
82 Street Address (P.O. Box Number is Not Acceptable) One Harbour Island 7th Floor  
83 City Tampa FL 85 Zip Code 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Lavinia James Vaughn* DATE 1-23-95  
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS  
TITLE P  
NAME TUBBS, MICHAEL  
STREET ADDRESS 608 MASTHEAD CT  
CITY-ST-ZIP TAMPA FL  
TITLE VST  
NAME SHOEMAKER, TODD  
STREET ADDRESS 608 MASTHEAD CT  
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE P VP ST D  Change  Addition  
1.2 NAME TUBBS, Michael  
1.3 STREET ADDRESS 606 S. Dakota, Tampa, FL 33606  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael C. Tubbs* DATE 1-18-95 (813) 226-2904  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR